

## **NOTICE OF TERMINATION**

# Of Permit to Discharge Herbicides Associated with Nuisance Aquatic Weed Control

Individual Coverage No. WAG-\_\_\_\_\_

(Disease weight an towns in index)		
(Please print or type in ink.)		

Use this form to end permit coverage. Active permit coverage will be charged \$300 per year. Permit coverages that are terminated will need to go though the SEPA process prior to being reissued.

I. APPLICATOR			II. SPONSOR CONTA	ACT NAME	
Contact Name	Phone N	0.	Sponsor's Name		Phone No.
Company			Water Body or Community Association Name		
Mailing Address			Mailing Address		
City	State Zip	+ 4	City	State ZI	P + 4
E-Mail	Daytime Phone Nur	mber	E-Mail	Daytime Pho	one Number
III. WATER BODY NAME A	ND INDENTIFICATION		IV. BILLING ADDRES	SS	
Site Name			Contact Name		Phone No.
			Company Name		
City (or nearest city)			Mailing Address		
County			City	State	Zip + 4
eliminated. I underst		ad the certification discharges this Notice of	ation statement carefully es associated with aquof Termination, I am	y before signing.) uatic weed control h no longer authorized	ave been I to discharge
the state of Washingt NPDES permit. I als	on is unlawful under the ounderstand that the so	ne Clean Wat ubmittal of th	er Act where the disc iis Notice of Termina	charge is not authorization does not release	zed by an
Applicator Printed Name and	Applicator Printed Name and Title Signature			1	Date
Print Sponsor Contact Name Signature				Date	

### Instructions for Completing the Notice of Termination Form For the Permit to Discharge Pesticides Associated with Aquatic Weed Control

This is an instruction document for preparing a Notice of Termination (NOT) for coverage under the General Nuisance Plant and Algae Permit for the discharge of pesticides associated with aquatic weed control.

## The permit fees will continue until this notice is received by Ecology.

Please complete the document by printing or typing the information in ink.

Individual Coverage No. Enter the permit coverage number for the site.

(Section I) Contact Person Give the name, address, and telephone number of the contact person. The

contact person should be someone who is completely familiar with the site and responsible for overseeing compliance with the permit requirements.

Give the name and address of the person and site and /or community

(Section II)

Owner/Representative of

Site

association.

(Section III) Site Address Enter the water body name or location description, including the city or

nearest city and county for the site.

(Section IV) Billing Address Permits must be terminated prior to June 30 to avoid additional fees.

(Section V) Certification of Permittee(s)

This statement should be read carefully by the permittee(s). The responsible official or authorized representatives of the owner shall print their names for clarity, then sign and date the document on the lines

provided.

#### **Address to Submit the Notice of Termination**

Mail the signed Notices of Termination (NOT) to Washington Department of Ecology, Water Quality Program, Aquatic Pesticide Permit Manager at the Regional Ecology office closest to the water body:

> Central Regional Office 15 West Yakima Ave. Ste. 200

> > Yakima WA 98902-2352

Eastern Regional Office N. 4601 Monroe, Ste. 100

Spokane, WA 99205-1295

3190 160<sup>th</sup> Ave. S.E. Northwest Regional Office

Bellevue, WA 98008-5452

Southwest Regional Office P.O. Box 47775, Olympia, WA

98504-7775

#### Questions

Questions concerning proper completion of this form can be directed to the aquatic pesticide permit manager at the appropriate Ecology regional office. If you have special accommodation needs or require this document in alternative format, please contact Felecia Phillips-Curtis, EEO Manager, at (360) 407-6199. The TTY number is 711 or 1-800-833-6388.